

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

38880

**1. PLACE OF DEATH**

County St. Louis  
Township Carondelet  
City St. Louis

Registration District No. 1123  
Primary Registration District No. 6448E  
No. 17th St. R. 22

File No. \_\_\_\_\_  
Registered No. 403  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 4075 Alma St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2.8.1908  
7. AGE YEARS 23 MONTHS 7 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gladstone Co  
10. Date deceased last worked at this occupation (month and year) Nov 1931 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Bernard Cramer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

15. MAIDEN NAME Laura Hampe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Bernard Cramer  
(ADDRESS) 4075 Alma

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marcus DATE Nov 4 31

19. UNDERTAKER (ADDRESS) Widener

20. FILED Nov 2 1931 L. C. Brooks Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1-31

22. I HEREBY CERTIFY, That I attended deceased from 10-14, 1931, to 11-1, 1931

I last saw him or alive on 11-1, 1931. Death is said to have occurred on the date stated above, at 8:10 p. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Tuberculosis  
T.B.A  
W.B.  
G.B.

Other contributory causes of importance:

Tuberculosis Entertis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify Charles Wheeler, M. D.

(Signed) \_\_\_\_\_ (Address) 910 1/2 Broadway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 26 1931

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